Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

2002 Pl 8305 USG

| (Column 1) (Column 2)  |  |   |                                       |  |                     | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|--|---|---------------------------------------|--|---------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | 12                                    |  | Joidinin 2)         | RATE                | FEE                    |                            | RATE                | FEE                    |
| FOR  |  | NUMBER FILED                              |                                       | UMBER EXTRA                                | BASIC FEE           |                     | OR                     | BASIC FEE                  |                     |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | /2 minus 20= *                        |  | 2                   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | , 3 mi                                | nus 3 = *                                  | 1                   | X42=                |                        | OR                         | X84=                |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                                |  |                     | +140=               |                        | OR                         | +280=               |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |  |                     | TOTAL               |                        | OR                         | TOTAL               | 750                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |  |                     |                     |                        |                            | OTHER               |                        |
|  |  | (Column 1)                                | \$ 400 000 <b>7</b> 00 0000 \$ 800 0  | (Column 2                                  |                     | SMALL               |                        | OR.                        | SMALL               |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSI<br>PAID FOR | PRESENT<br>LY EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **.  | =                   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|  | Independent                                    | *<br>NTATION OF MI                        | Minus                                 | ***  | =                   | X42=                |                        | OR                         | X84=                |                        |
| <u> </u>   | rino i Pricoc                                  | NIATION OF MI                             | JUITE DE                              | · ·  | Ativi ,             | +140=               |                        | OR                         | +280=               | ·                      |
|  |  |   |                                       |  |                     |                     | (4)                    | OŖ                         | TOTAL<br>ADDIT, FEE |                        |
| ADDIT. FEE   |  |   |                                       |  |                     |                     |                        |                            |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOF  | PRESENT<br>LY EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **   | =                   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|  | Independent                                    | *   | Minus                                 | ***  | =   -               | X42=                |                        | OR                         | X84=                |                        |
| <u> </u>   | FINST PRESE                                    | NTATION OF MI                             | JUITPLE DEF                           | PENDENT CL                                 | AIM L               | +140=               |                        | OR                         | +280=               | -                      |
|  |  |   |                                       |  |                     | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                | 1                                     | (Column                                    | 2) (Column 3)       |                     |                        |                            |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR  | PRESENT EXTRA       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | ·**  | = ' 8               | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|  | Independent                                    | *   | Minus                                 | ***  | =                   | X42≢                |                        | OR                         | X84=                |                        |
| -  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |  |                     | +140=               |                        | OR                         | +280=               |                        |
| **   | If the entry in colu<br>If the "Highest Nu     | TOTAL ADDIT FEE                           |                                       | OR   | TOTAL<br>ADDIT, FEE |                     |                        |                            |                     |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |  |                     |                     |                        |                            |                     |                        |